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CLERK OF COURT  
TALLAHASSEE, FL

WZ1000080559

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE NINETEENTH HOLE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHY HARBIN

Name of Person

THE NINETEENTH HOLE, LLC

Firm/Company

6817 SOUTHPOINT PARKWAY, SUITE 2201

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

cathyharbin@onscourscofs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY HARBIN

Name of Person

at 904 669-4919

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE OF FLORIDA  
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE NINETEENTH HOLE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6817 SOUTHPOINT PARKWAY  
SUITE 2201  
JACKSONVILLE, FL 32216

Mailing Address:

6817 SOUTHPOINT PARKWAY  
SUITE 2201  
JACKSONVILLE, FL 32216

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RICHARD CAMP, CPA

Name

6817 SOUTHPOINT PARKWAY, SUITE 2201

Florida street address (P.O. Box **NOT** acceptable)

<u>JACKSONVILLE</u>	<u>FL</u>	<u>32216</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Richard Camp, CPA, PA  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CATHY HARBIN  
6817 SOUTHPOINT PARKWAY, SUITE 2201  
JACKSONVILLE, FL 32216

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any:

**REQUIRED SIGNATURE:**

**PLEASE SIGN  
& DATE**

*Cathy Harbin* 4/30/21

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CATHY HARBIN

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ALLAHABAD, FL  
STATE

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